

State Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - Reimbursement to Long Term  
Care Facilities

==04/98

An ~~ICF/DD-16~~ ICF/MR 16 and under with clients requiring medical care plans of treatment and additional medical services under Specialized Care - Health and Sensory Disabilities, Level(s) II and/or III, will be reimbursed according to the method above, plus additional reimbursement for licensed nurses using an FTE nurse: client ratio up to a maximum of 1:6.25.

- (e) The licensed nurse component is computed similarly to the method for Direct Services. To determine the amount for Licensed Nurses, the number of FTE nurses required for each facility type and/or for clients receiving services under Specialized Care - Health and Sensory Disabilities, Level(s) II and/or III, shall be obtained according to the calculation methods under licensed nurses. This number is multiplied by the hourly nurse wage factor and then by 2080 (52 weeks x 40 hours). The product is divided by 365 and then by the number of clients.

02/92

The total reimbursement amount for Minimum Staffing is the sum of the amount for Direct Staff plus the amount for Licensed Nurses.

02/92

(B) Active Treatment

- (1) Qualified Mental Retardation Professionals (QMRP) - The amount for QMRPs assumes that a full-time QMRP is required for every 15 clients. The number of QMRPs shall be obtained by dividing the number of clients in the facility by 15. The obtained number of QMRPs is multiplied by the hourly wage factor and then by 2080. The product is divided by 365 and then by the number of clients.

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TN # 95-12

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02/92

- (2) Interdisciplinary Team (IDT) - The amount for services rendered by the IDT assumes that each client requires one day of IDT services per year. This amount is computed to be \$1.82 per client per day.

09/93

- (3) Additional Direct Service Staff (ADSS). The amount for ADSS assumes an FTE staff: client ratio of 1:7.5. The total number of clients is divided by 7.5, and a per diem amount is obtained according to the method described for Direct Services. For the period beginning September 1, 1993, through October 12, 1993, the amount for ADSS assumes an FTE staff:client ratio of 1:9.5. For the period beginning September 1, 1993, through October 12, 1993, the total number of clients is divided by 9.5, and a per diem amount is obtained according to the method described for Direct Services. In SLC facilities, the foregoing calculation is modified so that the overall level of functioning is distributed proportionately across each living unit (16-18 clients) in step 1 of the calculation. If dividing the number of clients results in a fraction, it is rounded up to the next whole number in proportion to the number of clients in the severe/profound level of functioning. The total FTE is obtained by summing the calculation results from each living unit.

The total reimbursement amount for Active Treatment is the sum of the amounts for QMRP, IDT and ADSS.

02/92

(C) Specialized Care

An additional amount will be paid for clients meeting the requirements for services under Specialized Care. The service level for each client meeting the criteria of more than one level under Specialized Care will be determined according to his/her disability or functional deficit which represents the most intense need for services under Specialized Care, and results in the greatest reimbursement.

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- (1) Specialized Care - Behavior Development Programs

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- (a) Level I - .5 hours FTE Direct Service per day

Program services are provided for behaviors which occur with high frequency but moderate severity.

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- 02/92 (b) Level II - 1.0 hours FTE Direct Service per  
day  
Program services are provided for behaviors  
which occur with high frequency and are  
aggressive or destructive.
- 02/92 (c) Level III - 2.0 hours FTE Direct Service  
per day  
Program services are provided for behaviors  
which occur with very high frequency or  
occur with high frequency and are seriously  
aggressive, assaultive or destructive.
- 02/92 (2) Specialized Care - Health and Sensory  
Disabilities
- 02/92 (a) Level I - .5 hours FTE Direct Service per  
day  
The client is ambulatory, mobile  
nonambulatory or has the potential to  
become mobile nonambulatory, and requires  
services to compensate for a sensory  
deficit (auditory or visual), or services  
enabling him/her to be mobile (physical  
disabilities).
- 02/92 (b) Level II - 1.0 hours FTE Direct Services  
per day  
The client is nonmobile or mobile  
nonambulatory, requires mobility  
assistance, and requires services to meet  
high personal care needs. The client may  
also have significant daily medical needs  
and/or dual sensory deficits (auditory and  
visual).
- 02/92 (c) Level III - 2.0 hours FTE Direct Service  
per day  
The client is typically nonmobile or mobile  
nonambulatory, but may be ambulatory and  
requires services to meet high medical  
needs.

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- (3) The total reimbursement amount for Specialized Care shall be the sum of the amounts determined under (1) and (2) above, prorated over the number of eligible clients identified in the most recent facility reimbursement survey. For example, if the hourly wage factor is \$5.00, assume a facility of 10 residents, two of whom meet the criteria for Specialized Care-Health and Sensory Disabilities Level II with no daily medical needs, or sensory deficits, and eight of whom do not meet Specialized Care criteria. The facility will receive an amount of \$.81 per client per day (2 hours x 1.14 (FTE adjustment factor) divided by 8 hours/day = .285 staff; then .285 x (2080 hours/year divided by 365 days/year); then divide by 10 clients and multiply by \$5.00 to obtain \$.81).

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(D) Related Costs

- (1) An amount per client per day will be paid for other program costs, including program-related supplies, consultants and similar items. For each facility type, this amount will be determined as follows. Add the amounts determined for (A), (B) and (C) above, but excluding the amount for the IDT, then multiply this sum by the facilities geographic area. The product plus the amount for the IDT is then multiplied by a constant for the facility type, as follows:

07/91

<u>Facility Type</u>	<u>Constant</u>
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ICF/DD	.10
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SNF/PED or ICF/DD	.15
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(An ICF/DD with some clients requiring services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities.)

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<del>ICF/DD-16</del> <u>ICF/MR 16</u> <u>and under</u> & SLC	.20
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- (2) An ICF/DD with some clients requiring services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities, and some clients not requiring such services will have the total related cost calculated according to the weighted sum of the number of clients requiring Level(s) II and/or III multiplied by .15, plus the number of clients not requiring such services multiplied by .10. For example, for a facility with a licensed capacity of 90 clients, 30 of whom require services under Level(s) II and/or III, and 60 of whom do not require such services, the total related cost will be calculated according to subsection (A) above for both groups of clients. (That is, the amounts for Minimum Staffing, Active Treatment and Specialized Care are summed, excluding the amount for the IDT, for clients requiring Level(s) II and/or III and for clients not requiring Level(s) II and/or III. Each sum is multiplied by the facility's geographic area grouping, and the products are added to the amount for the IDT.) Each outcome is multiplied by the appropriate constant (the SNF/PED-ICF/DD constant of .15 or the ICF/DD constant of .10), and then by the number of clients in each group respectively. The two products are summed and then divided by the total number of clients.

05/97

- (3) An amount will also be paid for dental services which are in compliance with HCFA's regulations (42 CFR 483.460(e)(f)(g)), for each client age 21 or more. This amount will be determined by adding the flat per diem of \$.40 to the amount calculated according to subsection (A) above. This per diem will cover the costs of prophylaxis treatment up to once every six (6) months, and periodontal services as needed for each eligible client.

05/97

Total Program Per Diem - Total program per diem for each facility will be the sum of the amounts from Minimum Staffing, Active Treatment, Specialized Care, and Related Costs.

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- (4) Small scale residential facilities (ICF/MR) with four (4) or six (6) beds for clients with developmental disabilities will be reimbursed for an active treatment program for each client. Facility program reimbursement levels will be derived by the ~~Department of Mental Health and Developmental Disabilities~~ DHS/ODD from the following three determinants which in combination will result in a total facility program per diem amount. These three determinants will be determined according to information provided in the most recent Inspection of Care (IOC) conducted by ~~Department of Public Health~~ DPH survey staff. This IOC information must be validated by the survey staff prior to utilization for payment purposes. The new reimbursement level will be effective on the first day of the quarter following a facility's IOC. Where dollar, wage, or salary amounts are used, these shall be inflated to the fiscal year for which reimbursement will be made except for the period September 1, 1993, through October 12, 1993, which will be set at the level in effect as of June 30, 1993.

01/94

Notwithstanding the provisions set forth for reimbursement of long term care services, effective January 18, 1994, reimbursement rates for small scale residential facilities will remain at the levels in effect on January 18, 1994. An exception will be made only for requests for IOCs upon which rate determinations are based upon a Medicaid resident being transferred from a state operated developmentally disabled facility to a community setting. These requests will be considered on a case-by-case basis.

IOCs will continue to be conducted for data gathering purposes only. The data will not be used to make adjustments to the facility rate.

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(E) Minimum Staffing

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- (1) Direct Services - Reimbursement for direct services is based on a direct service staffing pattern which is specific to small scale ICF/MR facilities. Facilities must be in compliance with minimum average daily staffing standards relative to client population according to each individual's overall level of functioning as described in ~~Section III.A.3.b.i.(A)(1)~~ subsection III.C.4.b.ii.(A)(1). The direct service staffing patterns based on the size of the residential setting and the overall level of functioning of the client population are:

Overall Level of Client Functioning	FTE* Staff
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4-Person ICF/MR

Mild	2.13
Moderate	3.88
Severe or Profound	5.93

6-Person ICF/MR

Mild	3.2
Moderate	5.02
Severe or Profound	6.84

\*FTE = Full Time Equivalent

==04/98

Reimbursement will be calculated according to the total direct service FTE staff derived from the weighted average of the FTE staff for levels of functioning in the moderate and severe/profound range within the small scale facility. After the total FTE staff are determined, the per diem amount is obtained according to the method in ~~Section III.A.3.b.i.(A)(1)~~ subsection III.C.b.i.(A).

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The reimbursement for a client residing in a small scale ICF/MR who has been found to be ineligible for ICF/MR services, as a result of the facility's Interdisciplinary Team (IDT) process or an IOC determination, will be at the mild level of overall functioning for not more than one year from the quarter following the determination of ineligibility. If the client has not been discharged by the end of the one year period, reimbursement will be made at ~~the Department's~~ DPA's sheltered care rate. The sheltered care rate will be payment in full for all program, capital and support costs for such clients.

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Reimbursement for a client admitted to a small scale ICF/MR who is determined to be ineligible, or who is without a determination of eligibility by the preadmission screening process, will be set at the sheltered care rate. The sheltered care rate will be payment in full for all program, capital and support costs. Payment for services for each client who has not been found eligible for the ICF/MR program upon admission will terminate 30 days following the date of admission. Reimbursement for residential services for such a client which is paid to the facility beyond the 30 day period following admission will be recouped by ~~the Department~~ DHS/ODD from the next facility payment or other contractual time period.

==04/98

The facility rate paid will be the weighted average of the total per diem (including capital and support) calculated for eligible clients with mild, moderate and severe/profound levels of overall functioning and ~~the Department's~~ DPA's sheltered care rate for clients admitted without previously determined ICF/MR eligibility, or who are ineligible for ICF/MR services as determined by the IDT or IOC process, and remain in the facility for more than one year following the date of the determination of ineligibility.

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(2) Licensed Nurses

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If a client requires nursing services due to a physician's plan of care, reimbursement is calculated according to ~~Section III.A.3.b.i.(A)(2)(d)~~ subsection III.C.4.ii.(A)(2). The FTE nurse to client ratios which are specified for ICF/MR facilities with 16 or fewer beds are also used for a set of small scale ICF/MR facilities as identified by the provider agreements.

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The licensed nurse component is computed according to the method in ~~Section III.A.3.b.i.(A)(2)(e)~~ subsection III.C.4.ii.(A)(2).

- (3) The total reimbursement amount for Minimum Staffing is the sum of the amount for Direct Services staff plus the amount for Licensed Nurses.

(F) Active Treatment

==04/98

- (1) Qualified Mental Retardation Professional (QMRP) - The reimbursement amount paid is based on sixteen clients in an identified set of 4-person and 6-person ICFs/MR. The amount for QMRPs is based on a required full-time QMRP for every fifteen (15) clients. The number of QMRPs shall be obtained by dividing the number of clients in the facility by fifteen (15). The amount paid for QMRPs is computed according to the method in ~~Section III.A.3.b.i.(B)(i)~~ subsection III.C.4.b.ii.(B).
- (2) Interdisciplinary Team (IDT) - The amount for services rendered by the IDT is based on one day of IDT services per year for each client. This amount is computed to be \$1.82 per client per day.
- (3) The total reimbursement amount for Active Treatment is the sum of the amounts for QMRP and IDT.

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